

**National Coalition of 100 Black Women, Inc.**

**Queen City Metropolitan Chapter (QCMC)**

 **Scholarship Application**

**Purpose**

The National Coalition of 100 Black Women is a non-profit women’s organization. Our mission is to improve the lives of African American women and their families by creating programs focusing on family, education, health and finances. The QCMC was chartered in Charlotte, NC on September 20, 2009. We endeavor to support the community as well as aspiring young African American women by providing assistance and encouragement to further their education. This is a Merit/Need based Scholarship.

**Eligibility**

Scholarship applicants **must** meet the following criteria:

1. Be an African American woman.
2. Be a resident of and senior graduating within the 2016-2017 school year from a high school in one of the following counties, Mecklenburg, Cabarrus, Iredell, Lincoln, Gaston, Union, Lancaster (SC) and York (SC).

3. Have a cumulative *3.0 on a 4.0 scale* Grade Point Average (GPA) at the time of application.

4. Has been accepted to an accredited institution of higher learning, a two or

 four-year college, university or technical/vocational school at the time of scholarship

 application. (Provide evidence of acceptance, i.e., copy of acceptance letter, etc.)

**Selection Criteria**

The Scholarship Committee will consider the following when selecting scholarship recipients:

1. Be able to document financial need by the costs of college attendance compared with

 an applicant’s household income and other financial factors.

2. Be able to document academic achievement and community service.

3. Participant in a QCMC sponsored program (i.e., Building Bridges to Success, etc.), and/or

pursuing a degree and/or plans to attend a two or four-year college, university or technical/vocational school at the time of scholarship application.

Finalists are required to attend a personal interview with the Scholarship Committee. All interviews will be communicated two (2) weeks in advance. If you know this will not work with your schedule, please indicate by initialing here and the committee will make contact with an alternative date: \_\_\_\_\_\_\_ ***(applicant’s initials)***

 **1.**

**Application Procedure**

Scholarship applicants **must** submit the following information to the QCMC Scholarship Committee before or by April 1st:

1. A completed application form. Incomplete applications **will not** be considered, no

 exceptions.

2. An official sealed transcript grades submitted with completed application.

3. Two sealed letters of recommendation (one reference provided by school personnel

 and one from a member of the community – non family members).

4. A typed 250 words or less statement detailing any personal accomplishments,

5. A copy of the applicant’s completed Free Application for Federal Student Aid (FAFSA) or

 other approved documentation.

**Scholarship Awards**

Two (2) awards in the amount of $1,000.00 (payable in two (2) installments of $500)**.** The awards will be sent directly to the recipient’s school upon verification of enrollment. The awards are non-renewable.

***NOTE: Immediate family members of QCMC members are ineligible to apply.***

**Application Deadline**

**The applications, with required materials, must be postmarked before or by April 1st, 2017.** Submit application and required materials via mail to:

Scholarship Committee

National Coalition of 100 Black Women - QCMC

P.O. Box 32364

Charlotte, NC 28232

For more information or questions, please contact:

 Arlena Hawthorne, QCMC Scholarship Chair

 scholarships@ncbw-qcmc.org

 704.607.7990

**2.**



**Scholarship Application Form**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Guidance Counselor\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SAT Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ACT Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COLLEGE OR UNIVERSITY YOU PLAN TO ATTEND IN THE FALL:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accepted: \_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_ No Enrolling: \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_ No

**FAMILY STATUS:**

Mother/Legal Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Legal Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note:** You may substitute guardian for mother or father for the person with whom you reside.

Number of children at home, including yourself: \_\_\_\_\_\_\_ Number now in college: \_\_\_\_\_\_\_\_

**FINANCIAL INFORMATION:**

Do you expect to work while attending college? \_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_ No

What other scholarships have you applied for?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Copy of completed Free Application for Federal Student Aid (FAFSA) form: YES \_\_\_\_ NO \_\_\_\_

 **3.**



**Applicant Activity Sheet:**

**Please attach additional sheets with your name on each if needed for the following.**

**List** **any school or community awards or honors you have received.**

Award Organization Year

|  |  |  |
| --- | --- | --- |
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|  |  |  |
|  |  |  |

**List any school-related organizations/activities in which you are or have been involved:**

Organization/Activity Position Held Length of Time

|  |  |  |
| --- | --- | --- |
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|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**List any volunteer or other community activity involvement outside of school. Include religious activities, charitable organizations, clubs, etc.**

Organization/Activity Position Held Length of Time

|  |  |  |
| --- | --- | --- |
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**List any work experiences you’ve been paid to perform:**

Employer Position Held Length of Time

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| --- | --- | --- |
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|  |  |  |

**Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **4.**



**Personal Statement**

1. **The lessons we take from failure can be fundamental to later success. Recount an incident or time when you experienced failure. How did it affect you, and what did you learn from the experience?**

 **(Using up to 250 words.)**

**Application and Information Release Statement**

**The application provided is, to the best of my knowledge, complete and accurate. I understand that false statements in this application will disqualify me from receiving a scholarship award. I understand due to funding, not every eligible applicant will receive an award; however, no application materials will be returned.**

**I/we hereby represent that we are the parents and/or guardian or next-of-kin of**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor, and that I/we voluntarily give**

**my/our consent to the videotaping, photographing, and audio recording of my minor**

**daughter. I understand that materials obtained can be used for marketing**

**purposes and/or release to the media which includes social media.**

**I, (print applicant’s legal name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission for any college or school to release to National Coalition 100 Black Women- QCMC Scholarship Committee any information necessary to process my scholarship application.**

**Applicant’s Signature (legal name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Legal Guardian Signature (legal name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **5.**



**Application Checklist:**

The QCMC Scholarship application should contain all of the following materials. Check off each item when completed and submit together in one envelop. **LATE AND INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED, NO EXCEPTIONS.**

\_\_\_\_\_ A completed Application Form.

\_\_\_\_\_ An official sealed transcript of grades.

\_\_\_\_\_ Two sealed letters of recommendations from non-related adults (one from your current

 school and one from the community).

\_\_\_\_\_ A typed personal statement - up to 250 words.

\_\_\_\_\_ Proof of applicant’s intent to enroll (i.e., letter of acceptance, etc).

\_\_\_\_\_ A copy of the applicant’s completed Free Application for Federal Student Aid (FAFSA) or

 other approved documentation.

\_\_\_\_\_ Student Activity Sheet

\_\_\_\_\_ Signed and dated Application and Information Release Statement

\_\_\_\_\_Evidence of SAT or ACT score

**Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Legal Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **6.**